Effective October 1, 2000 POLY - 1/93												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS			5				R	ATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			<i>∮</i> minus 20=		*		×	\$ 9=		OR	V040	
INDEPENDENT CLAIMS			/ minus 3 =		*		X	40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					35=		i	+270=	
* If	the difference	in column 1 is	less than zero, enter		r "0" in c	in column 2)TAL	ļ	OR OR	TOTAL	5/2
	C	I AIMS AS A	MENDED - PART II			:	, IAL	ege open some	Un.	OTHER	THAN	
	•	(Column 1)		(Colur	nn 2)	(Column 3) SMALL			ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 5	Minus	J	\mathcal{U}_{-}	=	X	9=	-	OR	X\$18=	
	Independent	· /	Minus		3	= =	X.	10=		OR	X80=	
	FIRST PRESENTATION OF MULTIPL			PENDENT	CLAIM		+1	35=		OR	+270=	
		·				·	<u> </u>	TOTAL			TOTAL	
		(Column 1)	e dif	(Colur	mn 2)	(Column 3)	ADDI	T. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.31	Minus	2	0	=	X	9=		OR	X\$18=	198.00
	Independent	NTATION OF M	Minus	***	S Alba	=	X	10=		OR	X80=	-
	FINST PRESE	NIATION OF MIC	DETIPLE DEP	ENDEN	CLAIIVI		+1	35=		OR:	+270=	
Ti ADDIT								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	1981
	(Column 1) (Column 2) (Column 3)											1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	ï
	Independent	*	Minus	***	T 01 411	=	X	lO=		OR	X80=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	35=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL	
***	If the "Highest Nu	imber Previously P nber Previously Pa	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."					ADDIT. FEE	

Application or Docket Number